



California State Teacher's Retirement System
403(b) Program
Beneficiary Designation

| | | |
|----------------------|----------------------|-----|
| NAME | SOCIAL SECURITY | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| DAYTIME PHONE NUMBER | EVENING PHONE NUMBER | |

I hereby direct that in the event of my death, all amounts distributable from the CalSTRS 403(b) Program shall be paid, delivered, or transferred to the following beneficiary. This designation hereby replaces any previous designation of beneficiary, which may have been made by me under this plan.

| FIRST NAME | MIDDLE INITIAL | LAST NAME | RELATIONSHIP | % OF OWNERSHIP (must total 100%) |
|------------|----------------|-----------|--------------|-------------------------------------|
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If you are married and you designate a beneficiary other than your spouse, spousal consent is required below and must be witnessed by a notary public.

Check one: ☐ I am married ☐ I am not married

| | |
|--|-------------------------------------|
| FORWARD THIS COMPLETED FORM TO: State Street Bank and Trust Company Attn: CalSTRS 403(b) Program Unit P.O. Box 9195 Boston, MA 02209 | DATE SIGNATURE |
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SPOUSE'S CONSENT TO BE DESIGNATION OF NON-SPOUSE BENEFICIARY

I declare that I am the participant's spouse. I consent to the designation set out above. I acknowledge that this designation will have the effect of causing the participant's account in the 403(b) Program to be payable at death to someone other than me and I consent to such designation. I declare that I give up any and all interest in the 403(b) plan assets and relinquish all right I may have to that property under the community property laws of the State of California.

SPOUSE'S SIGNATURE

SPOUSE'S SOCIAL SECURITY NUMBER

NOTARY PUBLIC

STATE OF _____)

ss:

COUNTY OF _____)

On this _____ day of _____, 19____, before me personally came the above spouse to me known to be the individual who signed the above consent knowingly and willingly.

NOTARY PUBLIC _____

Seal _____

My term expires _____